

## MINUTES OF THE CASWELL COUNTY BOARD OF HEALTH

The Caswell County Board of Health met at 7:00 P.M. on Tuesday, March 26, 2013 in the Caswell County Health Department's downstairs meeting room in Yanceyville, North Carolina.

### ATTENDANCE:

Position	Name	Present	Not Present
County Commissioner	Nate Hall		X
Pharmacist	Andrew Foster, Pharm.D, R.Ph. - Vice Chairperson	X	
Dentist	Rose Satterfield, DMD	X	
Veterinarian	Donald Fuller, DVM – Chairperson	X	
Physician (Gen. Pub.)	Cecil Page	X	
Registered Nurse	Margaret Cobb, RN	X	
Engineer (Gen. Pub.)	Ricky McVey	X	
Optometrist (Gen. Pub.)	Carl Carroll		X
General Public	Keisha King	X	
General Public	Elin Arneau-Claggett, PA-C, PhD	X	
General Public	Sally Wallace		X

Others Present: Jennifer Eastwood, MPH – Quality Assurance  
 Sharon Hendricks – Finance Officer  
 Loretta Nichols, RN – Communicable Disease Program Coordinator  
 Kaye Cobb, RN - Home Health Nursing Director  
 Patty Smith-Overman, FNP – Clinic Director

### I. Call to Order

- A. The meeting of the Caswell County Board of Health was called to order by the Chair, Donald Fuller, at 7:00 P.M.

### II. Public Comment

- A. None

### III. Action Items

- A. Approval of Minutes

A motion was made by Cecil Page and seconded by Rose Satterfield, to approve the January 22, 2013, 2012 Minutes of the Board Of Health as distributed in the packet. The motion carried on a vote of 7 to 0.

### B. Communicable Disease Report

1. Jennifer Eastwood introduced Loretta Nichols, RN the Communicable Disease Program Coordinator. It was pointed out that Loretta was retiring this week so this would be the final CD report she presented.
2. Loretta reviewed how information about CD events was brought to our attention and how the investigation was done.
3. She pointed out that the person in charge of CD needed to be able to drop everything else they were doing and in some cases spend days or weeks doing nothing but investigating the communicable disease. A single phone call can initiate days or weeks of work. Sometimes a “negative” investigation takes as much time as a “positive” investigation.
4. The state provides questionnaires and forms that are used as guidelines during the investigation and this information is then entered into a state maintained web site.
5. Loretta reviewed the details of the CD Report that was included in the packet.

### C. Policy Review

1. The Board of Health is required to review its policies on an annual basis. The following policies were handed out to the board for their review and they will be

voting on them at the next Board of Health meeting. No changes have been recommended with these policies.

- a. Confidentiality
- b. Conflict of Interest

D. QI 101

- 1. Jennifer Eastwood informed the board about a program the Health Department was participating in.
- 2. Quality Improvement 101 is a program organized by the state to teach Health Departments about the process of QI. It involves a team of front-line employees, a chosen project and lots of meetings, both locally and in Raleigh, and 8 months of work.
- 3. We have chosen a project that hopes to streamline how we see our Adult Health patients.

E. Budget Amendment #3

- 1. Sharon Hendricks presented Budget Amendment #3 that was included in the packet. This amendment budgeted in additional state dollars and also increased the Jail Health budget with funds that were already in hand. Funds were also moved between line items to cover expenses.

A motion was made by Cecil Page and seconded by Ricky McVey, to approve Budget Amendment #3 as distributed in the packet. The motion carried on a vote of 7 to 0.

F. Sharon Hendricks Reviewed The Proposed Budget for FY 2013-2014

- 1. The estimated Fund Balance figures were reviewed with the board as presented in the packet.
- 2. Administration
  - a. The Board of Health, by consensus, decided to continue to not receive the Board of Health stipend. Based on this the \$4,000 that was included in the budget for this was removed.
  - b. Sharon Hendricks informed the board that a number of general overhead expenses were being consolidated into the Administration portion of the budget instead of being allocated throughout all the programs. This has been run by the various Cost Accountants and is an effort to streamline the bill paying process.
  - c. Included in this budget are funds for an Electronic Health Record (EHR). We are in the process of reviewing the new HIS version supplied by the state but funds were included in case HIS did not meet our needs.
- 3. Home Health
  - a. Funds are included to replace half of the aging Home Health laptops.
  - b. Funds are included for the payout of vacation for a retiring employee.
  - c. Funds for the usual CareAnyware fees as well as the billing charges we started this year are included.
  - d. With the reorganization of the billing process, we have felt the need to have one of our remaining Home Health clerks take on some of the "pre-billing" duties such as obtaining authorizations, verification of insurance, etc. These duties are currently being done by nurses but we feel it would be more efficient if a clerical staff member took on additional responsibilities and we reclassified the position with a higher salary.
    - 1) Ricky McVey expressed his concerns about our having to deal with the pre-billing duties and asked about what benefits we were getting from this outsourcing.
    - 2) Sharon Hendricks said that Dr. Moore was also not happy about

this and was not aware of the level of pre-billing duties when the contract with CareAnyware was signed. In addition, CareAnyware has been bought out by a company called BrightTree and there have been issues related to that transition as well.

- 3) We are still in the “catch up” phase of our Home Health billing so it is difficult to give a specific figure about whether we are benefiting from this contract or not. We are not where we want to be with the billing but feel optimistic that we will get there. At this point we have to do whatever it takes to get the billing done. This will also involve some additional training on our part.
  - 4) BrightTree is supposed to be developing a document which lists specific billing duties and responsibilities and are supposed to be having a webinar in the near future to discuss this document. This detailed information was not included in the discussion with CareAnyware at the time the billing contract was signed.
  - 5) Ricky McVey expressed his concern about how the billing process was working out and he felt that CareAnyware/ BrightTree may not be fulfilling their part of the contract and that is requiring us to upgrade a position. When the billing webinar takes place, he felt that a board member should be present to hear what was said.
4. Environmental Health
    - a. Funds are included to build a bathroom for Environmental Health.
    - b. Funds were included to get software to help organize the Environmental Health documents.
  5. Personal Health
    - a. Funds are included to set up a backup generator for the vaccine refrigerators.
    - b. There was discussion about whether a larger generator should be purchased to power the whole Health Department during a power outage.
    - c. Funds for a second, full time Nurse Practitioner are included to work toward the goal of having a minimum of one provider on site each work day. We currently try to use backup Nurse Practitioners but there are often days without a provider. The funds would come from:
      - 1) An estimated 25% revenue increase
      - 2) Use the funds allocated for the backup providers
      - 3) Transition the prenatal services in-house instead of contracting with UNC
      - 4) Reorganizing some of the RN duties
    - d. Hire a new clerical position to take the MedAssist duties off of the Medical Office Assistant so she could do more patient care. This new position could also help make referrals and would help out at the peak front desk times.
    - e. We have included funding to expand our private stock of vaccines.
    - f. We are working with the state funds to help provide dental services to children without Medicaid.

<p>A motion was made by Elin Armeau-Claggett and seconded by Cecil Page to approve the budget as presented and discussed. The motion carried on a vote of 7 to 0.</p>
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**IV. Informational Items**

- A. Jennifer Eastwood reviewed the informational items included in the packet.
- B. The board members were asked to send in the certificate they received for participating in the online Board of Health orientation. This is needed for accreditation.

**V. Executive Session**

- A. The Board of Health went into Executive Session to discuss personnel issues

**VI. Adjournment**

The chairman declared the Board of Health meeting adjourned. There was no objection from the membership.

**Approved By:** \_\_\_\_\_  
Health Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board of Health

\_\_\_\_\_  
Date

## **Health Director's Report – April 23, 2013**

### **I. Board of Health Meeting Schedule**

- A. The standard meeting schedule for the Board of Health is the 4<sup>th</sup> Tuesday of each month with the July meeting being the annual meeting where officers are elected.
- B. About this time each year the board makes a decision about skipping the regularly scheduled meeting in August and December. The August meeting because there are lots of staff vacations during the summer and the December meeting because there is often a conflict with Christmas.
- C. Does the board wish to continue the tradition of skipping the August and December meetings in 2013?

### **II. Policy Review**

- A. The Confidentiality and Conflict of Interest policies are included in the packet for Board of Health approval. These were distributed at the last Board of Health meeting for your review and it is now time to vote on them.

### **III. Finance Report**

- A. Fiscal Year 2012-2013
  - 1. The report included in the packet shows how actual revenue and expense compares to the budget through the end of March (75% of the fiscal year). According to this report the Health Department is at 69% of total budgeted expenses and 63% of budgeted revenue.
  - 2. The gap between revenue and expenses appears to be closing compared to last month.
  - 3. We did hear that there were some unexpected delays with the Medicaid Cost Settlement on the federal government side of the process. We still do not know how much the settlement will be or whether it will be received this fiscal year or next. These funds were not included in the budget but they would be a very helpful support to the revenue budget.
- B. Fiscal Year 2013-2014
  - 1. I neglected to explain about proposed merit increases in the budget narrative for the last Board of Health meeting. Just to be clear, below is a summary of all the personnel matters included on the proposed budget.
    - a. Merit Increases
      - 1) 2% merit increases have been budgeted for 5 employees for a agency wide total of \$2,652.
      - 2) When I presented the budget to the County Manager, he said I should leave these increases in the budget.
    - b. Promotion
      - 1) One position has been upgraded from a PA3 to a PA5 for a cost of \$3,600.
    - c. Supervision
      - 1) One employee is taking on supervision responsibility with the standard 4% pay increase (\$1,320)
    - d. New Positions (total cost of salaries and benefits)
      - 1) Nurse Practitioner: \$82,864
      - 2) Clerical: \$30,513
    - e. Removed from budget
      - 1) Two Home Health billing positions eliminated when billing was contracted out.
      - 2) Stopping the contract with UNC for a Midwife about half way through the year.

- 3) Removing the “backup” NP positions from the budget.
  - 4) One clinic RN position removed
2. The budget approved by the Board of Health at the last meeting was presented to the County Manager.
3. At this time we are waiting to see what happens when the Board of County Commissioners get the budget.

**IV. Miscellaneous Informational Items**

- A. Environmental Health Statistics
- B. Home Health Statistics

**CASWELL COUNTY HEALTH DEPARTMENT (FY 2012-2013)**

		<b>Budget</b>	<b>Actual YTD</b>	<b>Balance</b>	<b>YTD = 75.00%</b>	<b>YTD Est. Budget Variance</b>
<b>SALARY &amp; BENEFITS SUBTOTAL</b>		<b>2,169,909.00</b>	<b>1,541,334.35</b>	<b>628,574.65</b>	<b>71.03%</b>	<b>86,097.40</b>
Board Expenses	120	0.00	0.00	0.00	0.00%	0.00
Salary	121	1,649,944.00	1,165,419.59	484,524.41	70.63%	72,038.41
Call	122	43,774.00	31,624.00	12,150.00	72.24%	1,206.50
Longevity	127	24,539.00	23,778.36	760.64	96.90%	760.64
SS / FICA	181	129,227.00	89,857.11	39,369.89	69.53%	7,063.14
Retirement	182	109,543.00	80,458.66	29,084.34	73.45%	1,698.59
Health Insurance	183	212,882.00	150,196.63	62,685.37	70.55%	9,464.87
<b>OPERATIONAL EXPENSE SUBTOTAL</b>		<b>943,910.00</b>	<b>606,887.69</b>	<b>337,022.31</b>	<b>64.30%</b>	<b>101,044.81</b>
Contracted Services	199	437,133.00	291,989.07	145,143.93	66.80%	35,860.68
Food & Provisions	220	386.00	216.23	169.77	56.02%	73.27
Program Supplies	230	39,002.00	20,852.57	18,149.43	53.47%	8,398.93
Pharmaceuticals	238	38,311.00	17,234.10	21,076.90	44.98%	11,499.15
HH/CAP Med Supplies	239	205,000.00	143,291.76	61,708.24	69.90%	10,458.24
Office Supplies	260	19,340.00	11,858.92	7,481.08	61.32%	2,646.08
Small Tools & Equip.	295	15,553.00	9,916.98	5,636.02	63.76%	1,747.77
Mileage	311	116,812.00	69,244.87	47,567.13	59.28%	18,364.13
Travel Subsistence	312	5,283.00	1,312.47	3,970.53	24.84%	2,649.78
Telephone	321	13,344.00	7,588.31	5,755.69	56.87%	2,419.69
Postage	325	6,939.00	3,114.31	3,824.69	44.88%	2,089.94
Printing	340	2,702.00	795.80	1,906.20	29.45%	1,230.70
Unused	zz7	0.00	0.00	0.00	0.00%	0.00
Maint & Repair	352	8,250.00	6,143.04	2,106.96	74.46%	44.46
Advertising	370	2,167.00	520.00	1,647.00	24.00%	1,105.25
Laundry	392	1,443.00	1,081.99	361.01	74.98%	0.26
Training	395	11,104.00	6,373.30	4,730.70	57.40%	1,954.70
Rental of Copier	431	9,090.00	7,044.99	2,045.01	77.50%	(227.49)
Rental of Post Meter	432	853.00	612.00	241.00	71.75%	27.75
Ins & Bonding	450	4,616.00	4,615.24	0.76	99.98%	(1,153.24)
Dues, Subsc. & Pub.	491	6,582.00	3,081.74	3,500.26	46.82%	1,854.76
Capital Outlay	500	0.00	0.00	0.00	0.00%	0.00
<b>TOTAL EXPENSES</b>		<b>3,113,819.00</b>	<b>2,148,222.04</b>	<b>965,596.96</b>	<b>68.98%</b>	<b>187,142.21</b>
<b>REVENUE TOTAL</b>		<b>3,113,819.00</b>	<b>1,963,903.66</b>	<b>1,149,915.34</b>	<b>63.07%</b>	<b>(371,460.59)</b>
<b>STATE SUBTOTAL</b>		<b>656,621.00</b>	<b>378,567.68</b>	<b>278,053.32</b>	<b>57.65%</b>	<b>(113,898.07)</b>
(101) COUNTY APPROP		387,076.00	246,231.94	140,844.06	63.61%	(44,075.06)
(103) UR FUND BAL		79,325.00	47,127.60	32,197.40	59.41%	(12,366.15)
(102) WCH FUND BAL		129,046.00	109,796.64	19,249.36	85.08%	13,012.14
(102) PPC FUND BAL		48,155.00	30,288.69	17,866.31	62.90%	(5,827.56)
<b>OTHER SUBTOTAL</b>		<b>643,602.00</b>	<b>433,444.87</b>	<b>210,157.13</b>	<b>67.35%</b>	<b>(49,256.63)</b>
(102) MCD - REGULAR		904,843.00	589,451.09	315,391.91	65.14%	(89,181.16)
(102) MCD - SETTLEMENT		0.00	0.00	0.00	0.00%	0.00
(103) MCR - REGULAR		705,052.00	443,590.60	261,461.40	62.92%	(85,198.40)
(103) MCR - HMO		101,918.00	45,002.95	56,915.05	44.16%	(31,435.55)
(103) PRIVATE INS		17,850.00	8,253.53	9,596.47	46.24%	(5,133.97)
(103) DIRECT FEES		69,080.00	48,567.10	20,512.90	70.31%	(3,242.90)
(103) JAIL HEALTH		14,853.00	17,025.84	-2,172.84	114.63%	5,886.09
<b>EARNED SUBTOTAL</b>		<b>1,813,596.00</b>	<b>1,151,891.11</b>	<b>661,704.89</b>	<b>63.51%</b>	<b>(208,305.89)</b>
<b>BALANCE</b>		<b>0.00</b>	<b>-184,318.38</b>			

Amount Included In State Delay

50,262.71

Actual

-134,055.67



## CASWELL COUNTY HEALTH DEPARTMENT POLICY

### I. Policy title: Confidentiality

#### A. Policy

1. Clients of Caswell County Health Department (CCHD) have the right to confidentiality concerning his/her medical care
2. Employees of CCHD have the right to confidentiality concerning his/her personnel record.
3. CCHD will ensure that information is disclosed only to those individuals who are authorized to have access.
4. Employees, volunteers, students, Board of Health members, and occasional visitors to CCHD shall not use or disclose nonpublic information gained in the course of, or by reason of, their responsibilities at CCHD.
5. Knowing breach of confidentiality, loss or unauthorized alteration, use or damage to confidential patient or agency information may result in disciplinary action up to and including dismissal.

#### B. Policy Type

1. ☒ Board of Health Policy
2. ☐ Administrative Policy

#### C. Purpose

1. The purpose of this policy is to protect the client's right to privacy
2. It also protects the employee's right to privacy
3. Finally, it protects clinical/personnel records from loss, alteration, unauthorized use, or damage

#### D. Target

1. CCHD Employees and Contract Staff
2. Caswell County Board of Health Members
3. Volunteers working at CCHD
4. Occasional visitors of CCHD

#### E. References

1. CCHD Use and Disclosure of Protected Health Information (HIPAA) Policy
2. Federal HIPAA Regulations

### II. DEFINITIONS

- A. "Occasional Visitors" are defined as individuals who visit the Health Department on an infrequent, non-routine basis and who are given access to medical, personnel, or other agency material. These visitors include:

1. State DPH Consultants
2. Private Consultants
3. Accrediting Site Visit Teams
4. Division of Facility Services
5. Auditors/Evaluators
6. Volunteers during a public health emergency or one-time event
7. Contractors



### **III. PROCEDURE**

#### **A. Confidentiality Statement**

##### **1. Employees**

- a. It is the responsibility of each supervisor to ensure that all new employees within their division will review and sign a confidentiality statement within the first two weeks of employment.
- b. It is the responsibility of each supervisor to ensure that all employees within their division will review and sign a confidentiality statement annually.
- c. The Supervisor will give:
  - 1) The original copy to the Personnel Officer to be placed in each employee's Personnel file
  - 2) The employee a copy

##### **2. Volunteers/Students**

- a. It is the responsibility of each Supervisor to ensure that all volunteers and students working within their division will review and sign a confidentiality statement within the first two weeks of their duties at CCHD.
- b. It is the responsibility of each Supervisor to ensure that all volunteers within their division will review and sign a confidentiality statement annually.
- c. It is each Supervisor's responsibility to forward all signed confidentiality statements to the Personnel Officer to file

##### **3. Board of Health Members**

- a. It is the responsibility of the Health Director to ensure that each newly appointed Board of Health Members will sign a confidentiality statement at their first regularly scheduled Board of Health Meeting
- b. It is the responsibility of the Health Director to ensure that all Board of Health members sign a confidentiality statement annually
- c. The Health Director will file Board of Health Member's Confidentiality Statements in the same manner as other Board of Health Documents

##### **4. Occasional Visitors**

- a. It is the responsibility of each supervisor to ensure that any occasional visitors who will be accessing clinical or personnel-related information will sign a confidentiality statement before beginning their duties.
- b. It is the responsibility of each supervisor to forward a signed copy of the confidentiality statement to the Personnel Officer to be filed.

#### **B. Confidentiality Practices**

##### **1. Clients**

- a. Clients will be informed of their Right to Privacy
- b. Doors should be closed during counseling/interviewing/eligibility
- c. Staff should not access records for non-medical purposes
- d. Medical information will be discussed only with the patient and other medical providers as necessary to that patient's care
  - 1) Medical information will not be discussed in hallways, waiting rooms, or other places where information can be overheard
  - 2) Doors will be kept closed when talking with clients or when talking about a client on the telephone
- e. Staff will not call or yell names of patients or the procedures being performed for clients in the clinical area

- f. Clients will not be referred to by payment type in an area where it can be overheard
- g. Medical information or discussions with patients will not be repeated unnecessarily after patient encounters
- h. Employees will not discuss with patients their own personal lives or those of other employees
- i. Employees will make reasonable effort to ensure the confidentiality of client's while in the home.
- 2. Employees
  - a. Disciplinary actions and other personnel-related information will not be discussed unnecessarily
  - b. Employee disciplinary actions and other personnel-related information should not be discussed where it may be overheard by other employees
- 3. All original material or information produced as a result of employment or a contract relationship with CCHD is the property of CCHD
- 4. Fax Cover Page
  - a. Each CCHD unit (Personal Health, Home Health, Environmental Health) may have their own cover page specific to that unit.
  - b. The electronic transmission of all confidential information by fax will include a cover page that contains the following.
    - 1) Name and fax number of the recipient
    - 2) Name, address, telephone number and fax number of the sender
    - 3) Number of pages (including cover page) being sent
    - 4) The following confidentiality warning: The information being sent in this fax is confidential and intended for the use of the individual or entity to whom this transmission is addressed. It may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. Notify us immediately by telephone if you receive this transmission in error and shred or otherwise destroy the document.

#### IV. ATTACHMENTS

- A. Confidentiality Statement
- B. Non-agency Confidentiality Statement
- C. Volunteer Assignment of Risk, Release of Liability, and Confidentiality Form
- D. Board of Health Confidentiality Statement

#### V. POLICY HISTORY

- A. Original Date
  - 1. 06/18/1996
- B. Effective Date:
  - 1. 06/18/1996
- C. Dates of Review:
 

1. <u>05/25/2010</u>	5. _____
2. <u>10/23/2011</u>	6. _____
3. <u>10/26/2012</u>	7. _____
4. <u>03/08/2013</u>	8. _____

- D. Dates of Revision
1. 05/25/2010
  2. 03/08/2013

**VI. APPROVAL**

\_\_\_\_\_  
Chairperson, Board of Health

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Director

\_\_\_\_\_  
Date

## Attachment A



## CONFIDENTIALITY STATEMENT

It is the policy of the Caswell County Health Department (CCHD) that its clients have the right to confidentiality concerning his/her medical care and its employees have the right to confidentiality concerning their personnel record. Each employee or contractual program staff in the CCHD are required by Federal Law, Federal Regulations, State Law, State Agency, and CCHD regulations to respect the privacy of individual clients and employees by adhering to the rules and regulations, which govern access to client records and information.

Clients have the right to expect that all communications and records pertaining to his/her care be treated as confidential. The client has the right and is free to discuss the services he/she receives from the CCHD with anyone at this agency at anytime with full confidentiality. Employees do not have the right to divulge to anyone the client's name, the program through which services were rendered, or any patient related information from the clinic, home, school, or public areas without consent.

Patient and personnel information from any source and in any form, including paper record, oral communication, audio recording, or any electronic form is strictly confidential. Access to confidential patient and personnel information is permitted only on a need-to-know basis.

It is the policy of the CCHD that users of patient and personnel information shall respect and preserve the privacy and confidentiality of this information. Violations of this policy include, but are not limited to:

- accessing or attempting to access information that is not within the scope of your job or you do not have the authority to access;
- misusing, disclosing without proper authorization, or altering patient or personnel information;
- helping an unauthorized person to access confidential information either intentionally or unintentionally through carelessness (open doors, speaking in hallways, speaking too loudly);
- leaving confidential information unattended in an area where it is likely to reveal confidential information to unauthorized people;

Violation of this policy by employees, staff, or volunteers of the CCHD may constitute grounds for corrective action up to and including termination of employment. Violation of this policy by outside affiliates may constitute grounds for termination of the contractual relationship or other terms of affiliation between the outside affiliate and CCHD. Unauthorized release of confidential information may also have personal, civil, and/or criminal liability and legal penalties attached.

I have read and agree to comply with the terms of the above statement and have read and will comply with the CCHD's Confidentiality Policy which is attached to this statement. I will hold confidential any information gained by access to client/patient clinical records or by contact with clients/family members/caregivers who have come within my care or observation and will protect the information from becoming public knowledge through any actions either electronic, written, or verbal. I will not discuss any findings with others either in private or public unless it is shared with another health care provider directly involved in the client's care.

I will limit documentation to factual data and only that which is appropriate to clear diagnosis and treatment. I will not use information gained by access to client clinical records or client contact for any purpose other than the one which affords me the right to the information.

I understand that the divulging of confidential information to unauthorized persons makes me subject to civil action, suspension, or dismissal.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Attachment B**



**NON-AGENCY CONFIDENTIALITY STATEMENT**

As an individual who comes into the Caswell County Health Department (CCHD), by signing this statement, I agree to hold confidential any information gained by access to client/patient clinical records, personnel records, or materials of CCHD.

I will not use the information gained by access to client clinical records or client contact, personnel records, or other CCHD materials for any purpose other than the one which affords me the right to the information and I will not remove any information from the premises except as approved in advance by a CCHD supervisor.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Attachment C



### Volunteer Assignment of Risk, Release of Liability and Confidentiality Form

In consideration of the opportunity to volunteer with the Caswell County Health Department (CCHD),

I, \_\_\_\_\_ acknowledge and state the following:

(Print) Last Name First Name Middle Initial

- \_\_\_\_\_ 1. I understand and agree that as a volunteer, I am not a employee of the CCHD or Caswell County government and am not be entitled to receive compensation or any other employee benefit for my services.

Initials
- \_\_\_\_\_ 2. I understand that some work may entail hard physical labor, heavy lifting, crawling, climbing and other strenuous activity. Some activities may take place on ladders and building framing other than ground level. I understand that all volunteer activities have a potential for significant physical injury.

Initials
- \_\_\_\_\_ 3. Please list any types of work you are NOT willing to perform:

Initials

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
- \_\_\_\_\_ 4. I certify that I am in good health and physically able to perform this type of work. I am volunteering at my own risk. I assume all risk and responsibility for any damage, injury or death to me or to my property, as well as related medical costs and expenses which I may incur while involved in and as a result of this work. I understand that the CCHD and the Caswell County government do not carry or maintain health or disability insurance coverage for any volunteer. However, in some situations, Worker's Compensation Insurance may provide limited coverage. Each volunteer is expected and encouraged to maintain their own health and disability insurance coverage.

Initials
- \_\_\_\_\_ 5. I understand that the CCHD and the Caswell County government are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold the CCHD and the Caswell County government harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever policies, rules, and regulations that are currently in effect at the CCHD and the Caswell County government.

Initials
- \_\_\_\_\_ 6. I agree to hold confidential any information gained by access to client/patient clinical records or by contact with clients, family members and/or caregivers who have come within my care or observation and will protect the information from becoming public knowledge through any actions either written or verbally expressed by me. I will not discuss any findings with others, either in private or public, unless it is shared with another health care provider directly involved in the client's care. I will not use

Initials

information gained by access to client clinical records or client contact for any purpose other than the one which affords me the right to the information. I understand that the divulging of confidential information to unauthorized persons makes me subject to civil and/or criminal action.

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Volunteer's Printed Name	Volunteer's Signature	Date
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If The Volunteer Is A Minor Parent Or Guardian's Printed Name	Parent Or Guardian's Signature	Date
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Dates Covered By This Liability Form	From	To
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Volunteer's Street Address	City	State	Zip
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Name of Emergency Contact	Phone #	Alternate Phone #
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Printed Name of Witness	Signature of Witness	Date
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**Attachment D**



**BOARD OF HEALTH CONFIDENTIALITY STATEMENT**

As a Board of Health member who comes into the Caswell County Health Department (CCHD), by signing this statement, I agree to hold confidential any information gained by access to client/patient clinical records, personnel records, or other confidential materials as required by State and Federal law.

I will not use the information gained by access to client clinical records or client contact, personnel records, or other confidential materials for any purpose other than the one which affords me the right to the information and I will not remove any information from the premises except as approved in advance by the CCHD.

I understand that there are State laws that require official meetings of the Board of Health to be open to the public and this statement should not be interpreted in a way that conflicts with these laws.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_





## CASWELL COUNTY HEALTH DEPARTMENT

### I. POLICY TITLE: CONFLICTS OF INTEREST

#### A. Policy

1. The members of governing and advisory bodies of Caswell County Health Department will make due and diligent effort to avoid taking any action where there is a conflict of interest. This includes:
  - a. Voting
  - b. Participating in discussions with other members on a board
  - c. Or trying to otherwise influence the outcome of a board decision where that member has a conflict of interest
2. Employees of Caswell County Health Department will make due and diligent effort to avoid and to reveal potential conflicts of interest.

#### B. Policy Type

1. ☒ Board of Health Policy
2. ☐ Administrative Policy

#### C. Purpose

1. To ensure ethical actions by governing and advisory bodies
2. To ensure declaration of conflict of interest
3. To ensure ethical actions by employees of Caswell County Health Department

#### D. Target

1. Caswell County Board of Health
2. Home Health Advisory Committee
3. Any other advisory committees formed at Caswell County Health Department
4. Employees of Caswell County Health Department

### II. DEFINITIONS

#### A. Conflict of Interest

1. No member of a governing body or executive committee may in the exercise of any function of the agency, vote on any matter before the governing body, executive committee, or any such entity respecting any individual or entity with which such member has (or within twelve months preceding the vote had) any:
  - a. Substantial ownership
  - b. Employment
  - c. Medical Relationship
  - d. Fiduciary Relationship
  - e. Contractual Relationship
  - f. Creditor Relationship
  - g. Consultative Relationship
2. Employees will not
  - a. Select health care providers and suppliers on the basis of self-interest or the interest of any member of my family
  - b. Solicit or accept anything of value from any provider or supplier in exchange for any referral of a client for supplies, devices, services, or treatment.

- c. Give anything of value to any provider or supplier in exchange for any referral of a client
- d. Do business on behalf of CCHD with any firm in which
  - 1) The employee or a member of his immediate family has a vested interest. (except a publicly traded companies where the investment and volume of business is nominal compared to the size of the company
  - 2) Also employs the employee or a member of his immediate family

### III. PROCEDURE

- A. Board of Health, Executive Committee, Advisory Committee
  - 1. In the event that an actual, or potential conflict of interest arises on an issue, either directly or indirectly, politically or financially, the affected Board member will sign a Declaration of Conflict of Interest and abstain from voting or participating in the discussion about such an issue.
  - 2. The same Declaration of Conflict of Interest form and procedure applies to the Home Health Advisory Committee and any other advisory committees for Caswell County Health Department.
- B. Employees
  - 1. Employees will sign a Conflict of Interest Form upon hire, during their orientation period
  - 2. Employees should not deviate from the commitments outlined on the Conflict of Interest Form, and in the definition above
  - 3. Employees should seek advice of the Compliance Officer or Health Director whenever they have doubts about the application of Conflict of Interest

### IV. ATTACHMENTS

- A. Declaration of Conflict of Interest Form
- B. Conflict of Interest Form "Promise to Avoid Any Conflict of Interest"


### V. POLICY HISTORY

- A. Original Approval Date:
  - 1. 10/1995
- B. Effective Date:
  - 1. 10/18/1995
- C. Dates of Review:
  - 1. 5/25/2010
- D. Dates of Revision:
  - 1. 5/25/2010
  - 2. 02/22/2011

### VI. APPROVAL

  
\_\_\_\_\_  
Chairperson, Board of Health

2/22/11  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Health Director

2/22/2011  
\_\_\_\_\_  
Date

## Attachment A

**DECLARATION OF CONFLICT OF INTEREST**

The undersigned members of the

\_\_\_\_\_  
*(Board of Health, Home Health Advisory Committee, etc.)*

hereby declare a conflict of interest regarding

\_\_\_\_\_  
*(Designation of Action or Proposal)*

and will refrain from voting on this issue.

PRINTED NAME	SIGNATURE	DATE

**Attachment B**



**Promise to Avoid Any Conflict of Interest**

I, the undersigned, promise to avoid and to reveal potential conflicts of interest.

- A. On behalf of the Caswell County Health Department (CCHD) and its clients, I will always select health care providers and suppliers on the basis of my good faith assessment of the best interest of the patient or client and of the CCHD. I will never select a provider or supplier on the basis of my own self-interest or the interest of any member of my family.
- B. I will not solicit or accept anything of value from any provider or supplier in exchange for any referral of a client for supplies, devices, services or treatment. I will not offer or give anything of value to any provider or supplier in exchange for any referral of a client for supplies, devices, services or treatment. I will not under any circumstances give or accept anything other than ordinary items of nominal value (e.g., a soft drink, an inexpensive pen with a company logo, a ride to a local meeting) to or from any provider or supplier.
- C. I will not do business on behalf of the CCHD with any firm
  - 1. In which I or a member of my immediate family has an investment interest (except large publicly traded companies where the investment and volume of business is nominal compared to the size of the company)
  - 2. Which employs me or a member of my immediate family.
- D. In certain circumstances, which cannot be completely foreseen but which would include a lack of acceptable alternative sources of treatment, devices, or supplies for for a particular patient or client, it may be necessary or prudent to deviate from promise #C, above. However, I will not deviate from any of these commitments without the prior written approval of CCHD's Compliance Officer and/or the Health Director.
- E. To the best of my ability, I will avoid the appearance of a conflict of interest.
- F. I will seek the advice of the Compliance Officer whenever I have any doubt about the application of these promises.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

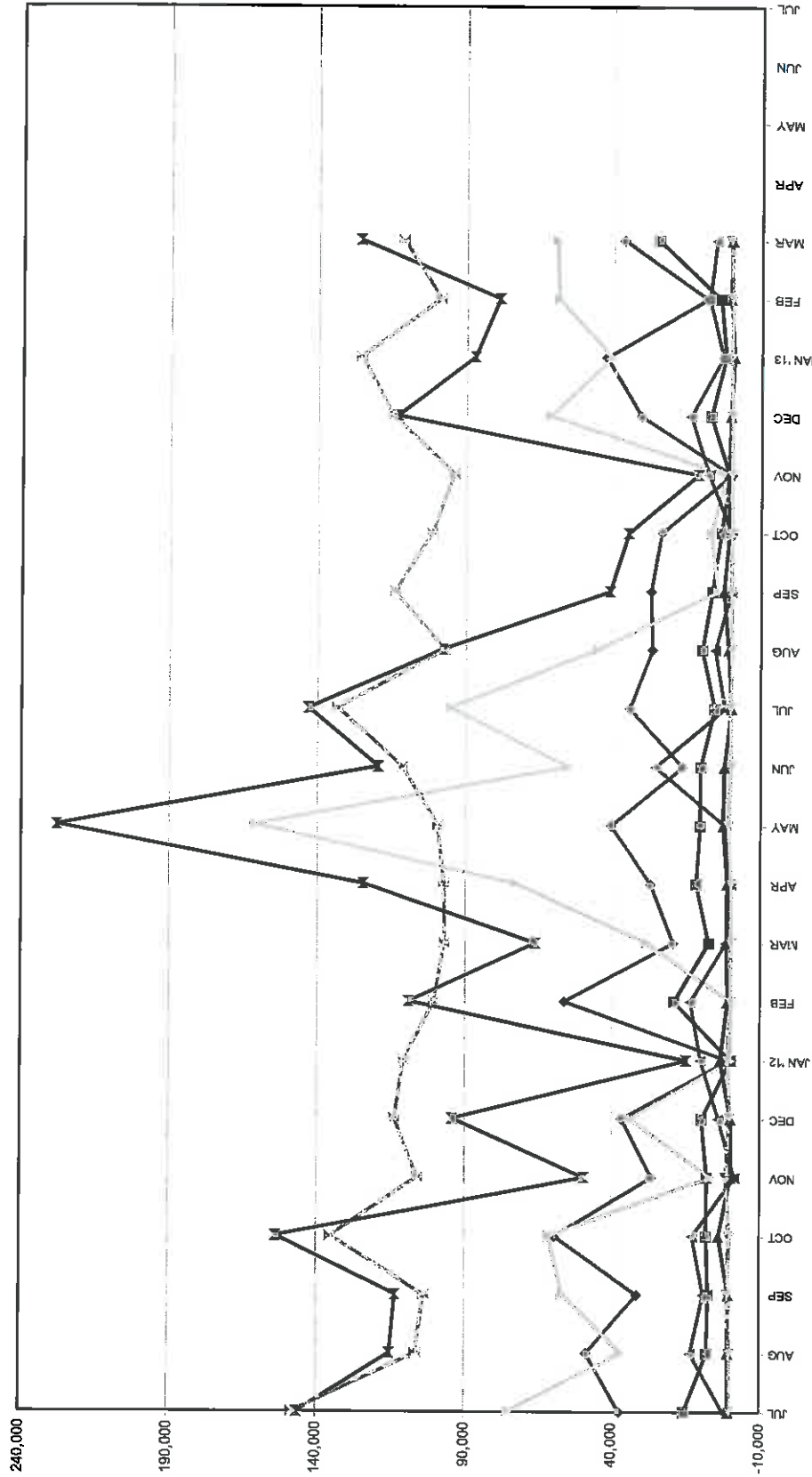
**ENVIRONMENTAL HEALTH MONTHLY STATISTICAL REPORT  
MARCH 2013**

<b>ACTIVITY DESCRIPTION</b>	<b>#</b>	<b>COMMENTS</b>
<b>FOOD, LODGING, AND INSTITUTIONAL</b>		
Field Visits	7	
Inspections	4	
Permits Issued-New or Revised Business	1	
Permits Suspended/Revoked-Business Closed		
Food Service Plan Review	1	
Consultation Contacts	10	
Complaints	1	
<b>ON SITE WASTE WATER PROGRAM</b>		
Field Visits	61	
Soil/Site Evaluations	8	
Improvement Permits	11	
Construction Authorizations	5	
Operation Permits	7	
Denials	1	
Failing System Evaluations	6	
IP, CA, & OP Permits-Repairs	4	
Existing System Inspections/Authorizations	16	
OSWW Violations Notices	2	
Consultation Contacts	84	
Migrant Housing Inspections	2	
Pending Applications-Not Addressed	5	
Complaints	3	
<b>WATER SAMPLES</b>		
Field Visits	13	
Bacteria Samples	9	
Chemical Samples	3	
Petroleum Samples		
Pesticide Samples		
Nitrate/Nitrite Samples		
Consultation Contacts	26	
Migrant Housing Inspections	2	
<b>WELL PERMITS</b>		
Well Site Field Visits	15	
Number of Permits (New)	6	
Number of Permits(Repair)	1	
Grout Inspections	8	
Well Head Inspections	4	
Well Abandonment Inspections		
Bore Hole Camera Inspections	1	
Consultation Contacts	28	
Complaints		
<b>SWIMMING POOLS</b>		
Permits/Inspections	2	Preseason consults
<b>OTHER</b>		
Miscellaneous Activities		Will (2 weeks leave – baby)
		29.0 hrs. of clerical time
		153 phone contacts (documented)
		28 Office Consults (Documented)

**Caswell County Environmental Health Statistics - FY2012-2013**

Service	JUL		AUG		SEP		OCT		NOV		DEC		JAN		FEB		MAR		YTD TOTAL	
	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$
Improvement Permit / Site Evaluation (< 600 gpd & less than 4 bedrooms)	7	1,050	5	750	3	450	8	1,200	1	150	4	600	5	750	9	1,350	9	1,350	51	7,850
Improvement Permit / Site Evaluation for each additional bedroom over 3			2	150			2	150			1	75	1	75	2	150	3	225	11	825
Improvement Permit / Site Evaluation (> 600 & < 3000 gpd)															1	250			1	250
Improvement Permit / Site Evaluation (> 3000 gpd)																				0
New Construction Authorization & Operating Permit (Type I & II)	3	450	3	450	2	300	3	450	3	450	3	450	5	750	4	600	3	450	29	4,350
New Construction Authorization & Operating Permit (Type III)			1	200			1	200	1	200									3	600
New Construction Authorization & Operating Permit (Type IV)																			0	0
New Construction Authorization & Operating Permit (Type V)																			0	0
Expansion or Repair of OSWW Treatment System (< 600 gpd)	1	50					2	100			1	50			1	50	6	300	11	550
Expansion or Repair of OSWW Treatment System (> 600 & < 3000 gpd)	1	200																	1	200
Expansion or Repair of OSWW Treatment System (> 3000 gpd)																				0
Inspection of Existing OSWW Treatment System (Type I & II Addition)	2	100	5	250	6	300	5	250	3	150					1	50	3	150	25	1,250
Inspection of Existing OSWW Treatment System (Type I & II Change Out)	2	200	1	100	1	100	3	300	4	400	1	100	1	100	1	100	5	500	19	1,900
Inspection of Existing OSWW Treatment System (5 yr Type IIIb Inspection)																			0	0
Inspection of Existing OSWW Treatment System (3 yr Type IV Inspection)																			0	0
Inspection of Existing OSWW Treatment System (Annual Type V Inspection)																			0	0
Well Permit	5	1,500	6	1,800	1	300	4	1,200	7	2,100	6	1,800	5	1,500	2	600	3	900	39	11,700
Well Camera Evaluation																			3	600
Well Repair Permit			1	200	1	200									2	400			4	800
Bacteria Water Sample					2	100	1	50			2	100	1	50	1	50	4	200	11	550
Chemical Water Sample	1	50	1	50	1	50							1	50			2	100	6	300
Petroleum Water Sample													1	50					1	50
Pesticides Water Sample																			0	0
Nitrate/Nitrite Sample																			0	0
Water Sample Revisit																			0	0
Swimming Pool Annual Permit																			0	0
Swimming Pool Plan Review																			0	0
Restaurant Plan Review																			0	0
Tattoo Artist Permit Annual Fee	1	200					1	200									1	200	3	600
Five Sample Package							1	150											1	150
Water Sample Revisit-additional test																			0	0
Bad Check																			0	0
Temporary Food Stand																			0	0
Returned Check											1	75							1	75
Additional fee for changing work orders																			0	0
	23	3,800	25	3,950	17	1,800	29	3,900	21	3,800	19	3,250	20	3,325	25	3,700	42	4,975	221	32,500

# HH & CAP Revenue & Expenses

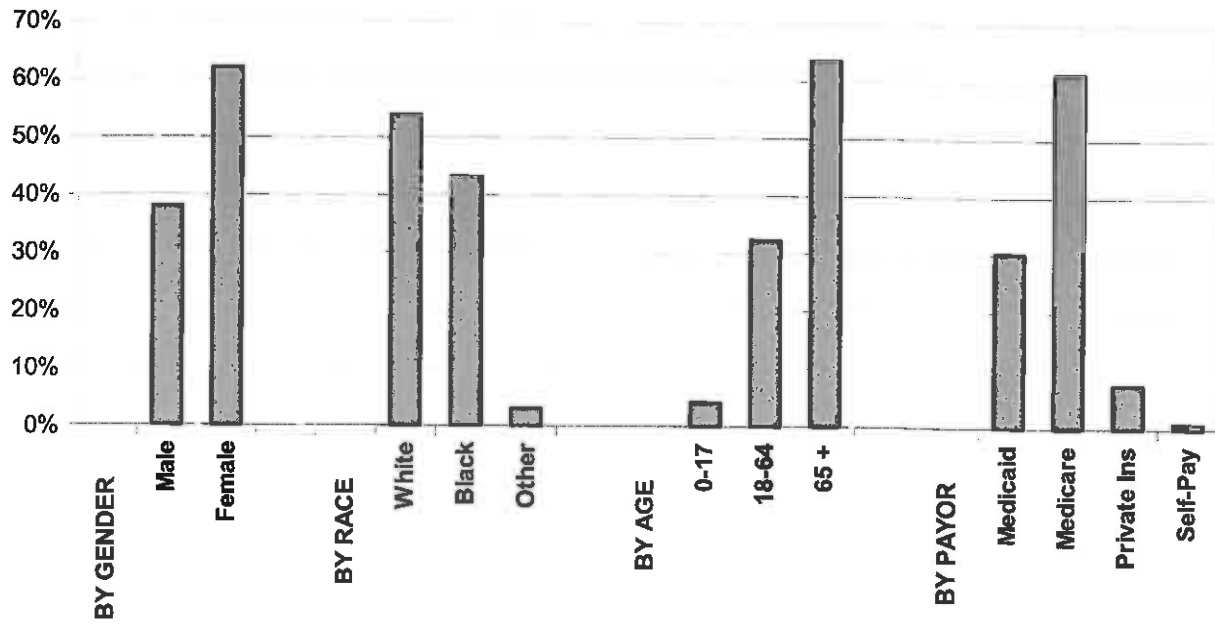


■ CAP Medicaid    ● HH Medicaid    ▲ Medicare    ◆ Private Ins  
 — MCR-HMO    — TOTAL HH & CAP REVENUE    - - - - - TOTAL EXPENSES

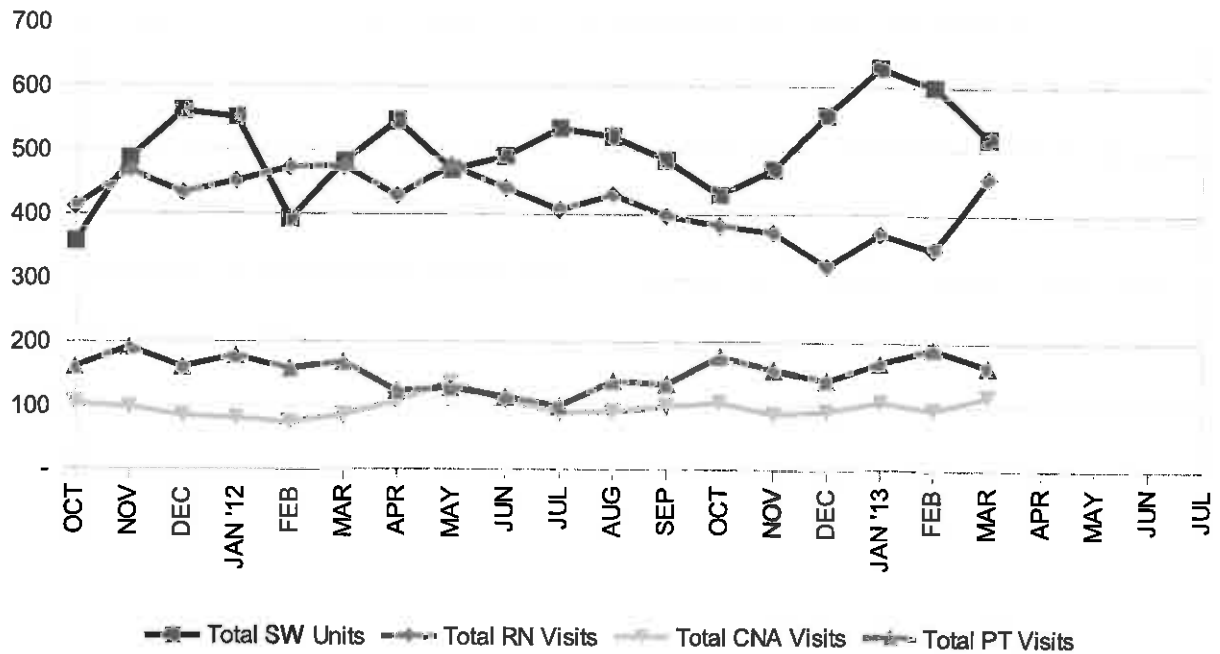
## PAYOR

	JUL	AUG	SEP	OCT	NOV	DEC	JAN '12	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN '13	FEB	MAR
CAP Medicaid	15,483	7,887	7,404	8,072	7,972	9,726	0	19,061	7,473	11,757	10,441	10,316	5,631	9,891	6,474	3,545	780	7,046	2,030	3,763	24,614
HH Medicaid	37,148	48,425	31,457	59,172	26,501	36,656	614	56,135	19,404	27,034	40,387	16,276	34,184	26,589	27,131	23,571	0	30,674	42,321	8,213	36,423
Medicare	75,056	36,546	56,460	61,214	6,722	33,797	0	0	28,396	72,680	161,132	54,872	95,098	45,005	4,706	6,865	1,674	61,242	40,326	58,574	59,139
MCR-HMO	2,268	13,322	9,074	12,770	-1,318	4,027	10,062	13,590	1,630	0	1,785	25,447	2,122	5,469	1	0	0	13,894	3,021	7,614	5,205
Private Ins	639	880	648	4,001	0	0	3,433	1,100	1,630	1,313	2,661	2,279	0	968	2,621	821	1,069	353	-704	424	2
Direct Fees	240	372	1,012	324	1,516	358	891	138	0	0	966	138	276	0	0	0	0	0	0	0	353
<b>TOTAL HH &amp; CAP REVENUE</b>	<b>146,318</b>	<b>115,319</b>	<b>113,458</b>	<b>153,625</b>	<b>48,364</b>	<b>94,269</b>	<b>15,000</b>	<b>108,085</b>	<b>66,006</b>	<b>124,540</b>	<b>227,813</b>	<b>119,645</b>	<b>142,943</b>	<b>97,813</b>	<b>40,933</b>	<b>34,802</b>	<b>11,200</b>	<b>113,209</b>	<b>86,994</b>	<b>70,587</b>	<b>125,736</b>
<b>CAP Expenses</b>	<b>13,854</b>	<b>14,111</b>	<b>11,927</b>	<b>16,717</b>	<b>14,050</b>	<b>16,064</b>	<b>15,267</b>	<b>15,132</b>	<b>14,752</b>	<b>10,989</b>	<b>11,200</b>	<b>11,666</b>	<b>11,400</b>	<b>11,423</b>	<b>13,447</b>	<b>13,197</b>	<b>11,969</b>	<b>12,610</b>	<b>14,456</b>	<b>16,603</b>	<b>12,355</b>
<b>HH Expenses</b>	<b>134,086</b>	<b>92,303</b>	<b>91,783</b>	<b>118,527</b>	<b>91,918</b>	<b>97,758</b>	<b>95,407</b>	<b>85,332</b>	<b>82,220</b>	<b>86,195</b>	<b>88,196</b>	<b>89,684</b>	<b>121,995</b>	<b>85,767</b>	<b>100,666</b>	<b>88,376</b>	<b>82,080</b>	<b>102,369</b>	<b>111,091</b>	<b>82,190</b>	<b>99,087</b>

### Admission Demographics

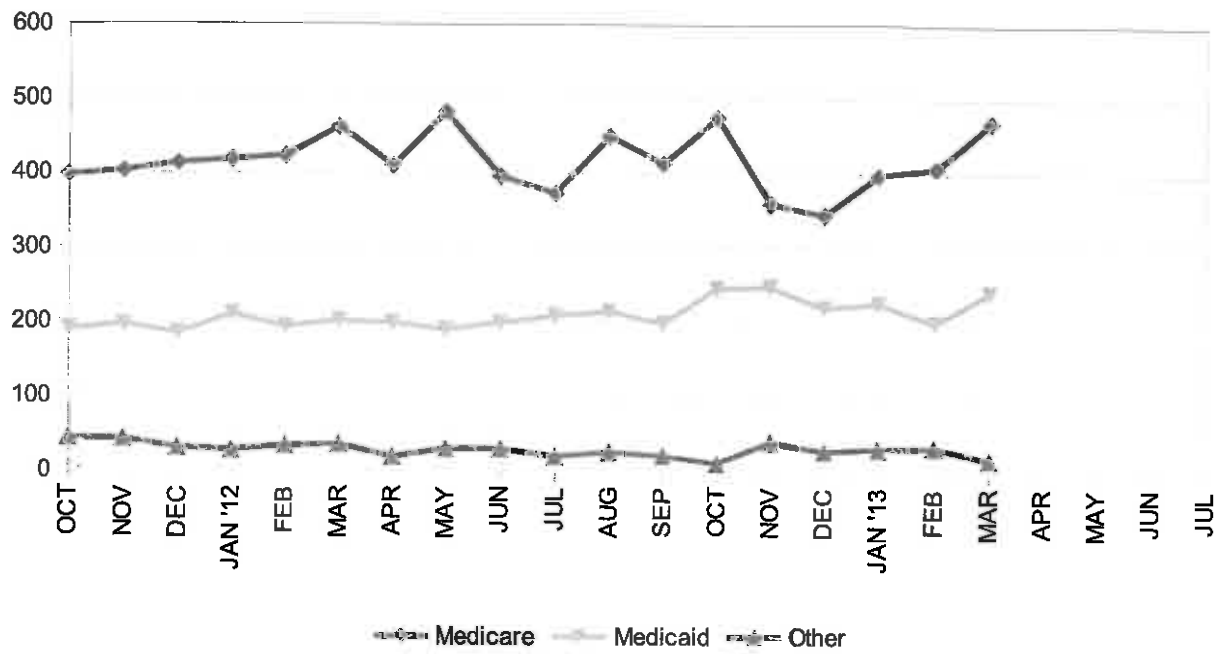


### Home Health Visits by Discipline

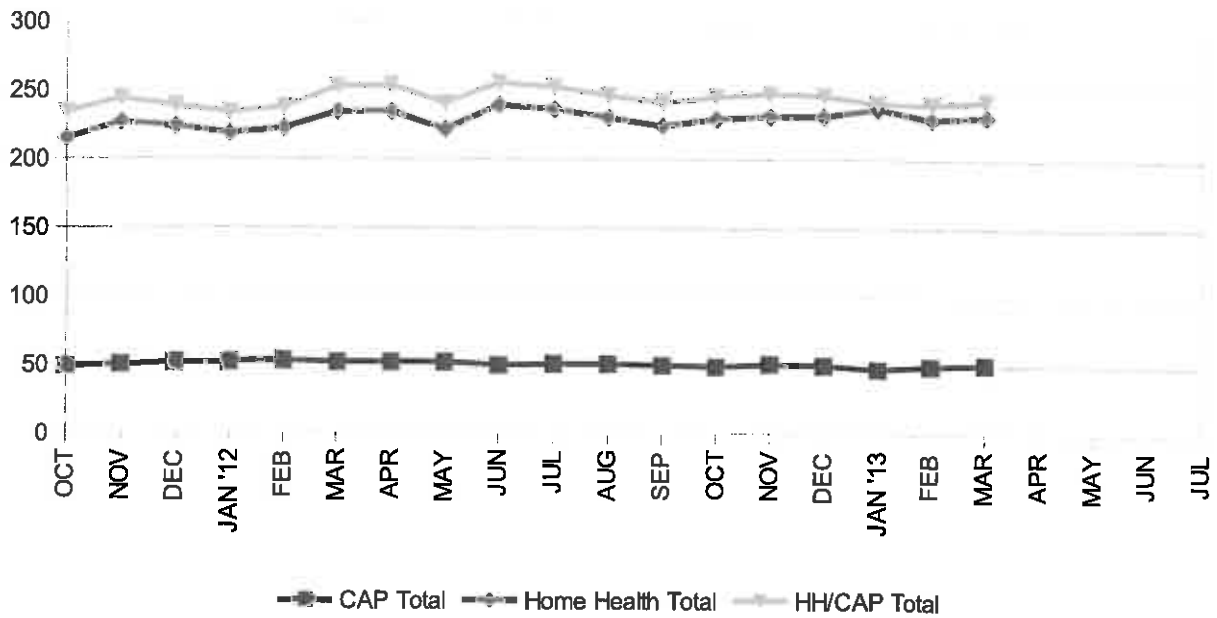




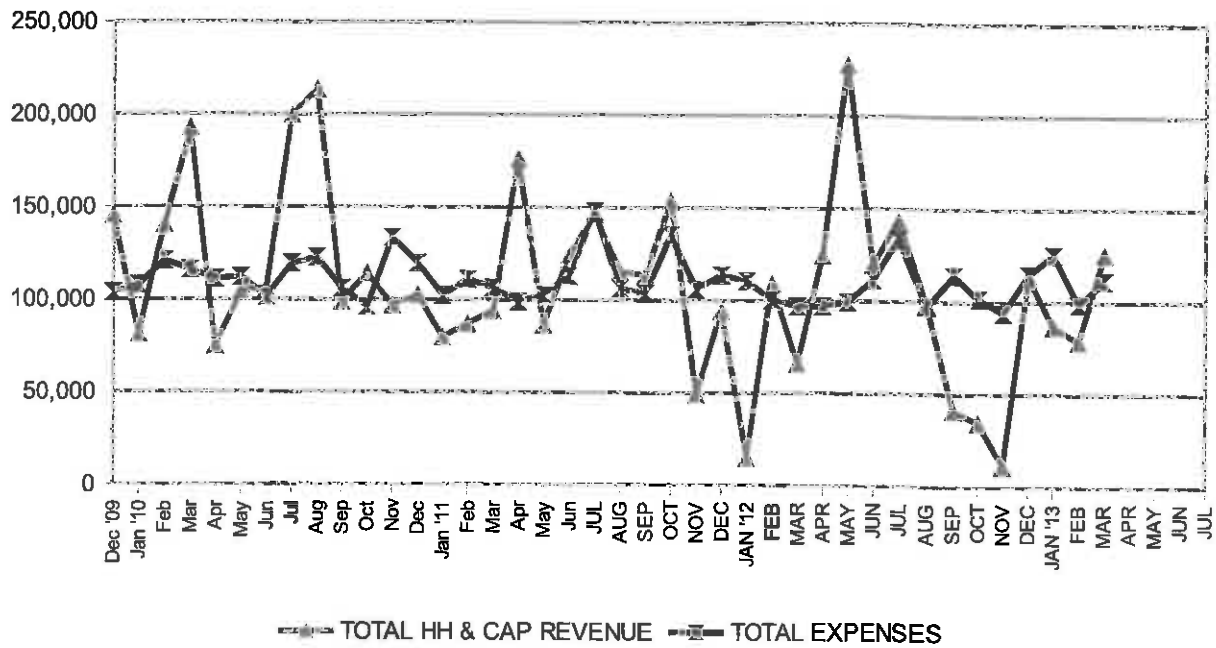
### Home Health Visits By Payor



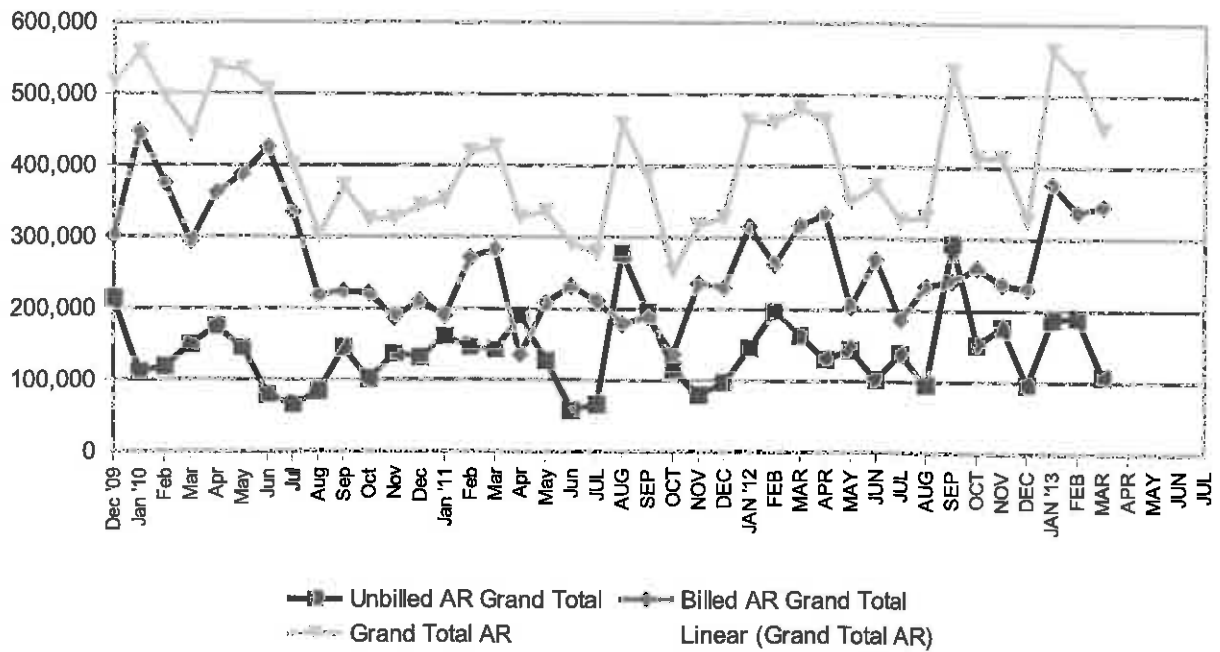
### Home Health and CAP Census



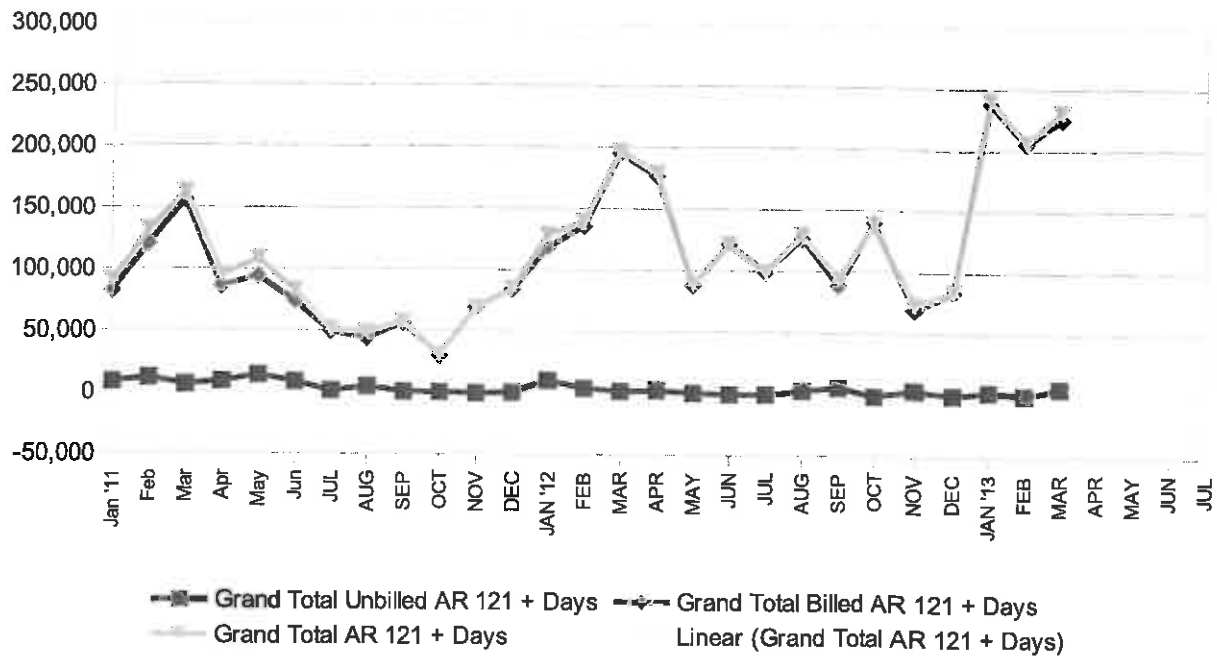
### Home Health & CAP Actual Revenue & Expense



### Home Health & CAP Total AR



### Home Health & CAP AR Greater Than 120 Days



### Home Health & CAP AR % Greater Than 120 Days

